ARIZONA STATE BOARD OF HEALTH

State File No.

WINDOW! ATTECH	or conserved - A A A A A A A A A A A A A A A A A A
BUREAU OF VIT	AL STATISTICS Registered No.
1. PLACE OF BIRTH STANDARD CERTIF	TCATE OF BIRTH
Y4 · // .	State Arigona
County July	or Village Dyb Still St. Route 1- Miami-
County,	14 h drell St- Noule 1- Many
District or Township	or Village
M. ·	St.,Ward
City No. No. (If hirth occurred in a hospital or institution, give its NAME instead of street and number) \[\text{Vard} \] \[\text{Vard} \] \[\text{Virght} \] \[
(If hirth occurred in a hospital of institution, give the child is not yet named, make	
Melman loy Mos	Supplemental report, as directed.
	The state of the s
Sex of Child To be answered ONLY) 4. (Iwin Triplet or other) 6. Legitimate 1 7. Date Oct - 2 - 1930.	
Of Olice	
in event of plural 5. No., in order of bir	th
VIVAC I	14. MOTHER A
S. FATHER	
\sim	Full maiden name Varna Maril Carily
Full name (Ulman (Brenson / Wody	
- Wille	15. Residence Miami
9. Residence	(Usual place of abode)
(Usual place of abode)	If non-resident, give place and state. Wyona.
If non-resident, give place and state.	II non-resident
	16. Color or race
10. Color or race	17
11. Age at last birthday (Years)	Alle 17. Age at last birthday(Years)
Lauc.	XIII A
7 7 7 000	18. Birthplace (city or place) / Llwow
12. Birthplace (city or place)	
141142071 11	(State or country)
(State or country)	and the second s
13. Occupation	19. Occupation
15. Occupation	Nature of Industry / , /)
to the along	7/Nouslung
Nature of Industry Two Racker	1 21 Were progentions taken against oph-
20. Number of children of this mother	ve and now living. 21. Were pressutting taken against oph- thalmia neonatorum?
(Taken as of time of birth of child herein (c) Stillborn	ve but now dead
attitude of including this current	and white the contract of the
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE / O	
At I standed the hirth of this child, who was NOW All at J. on the unit above stated.	
I hereby certify that I attended the bitter	
When there was no attending physician Signature	171 V. M. 10/20W M.W.
etc., should make this return. A hostbox nor	(Physician or-midwife.)
shows other evidence of life after birth.	
Given name added from	Miami, Uriona S.
a supplement report Month day your	611.191
shows other evidence of life after birth. Given name added from a supplement report Month, day, year Month, day, year	
Filed	Registrar.
Registrar.	
3/10 No A	200

748-1002-739

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